MEDI-CAL DRUG ADVISORY COMMITTEE

State of California DEPARTMENT OF HEALTH SERVICES

Thursday, August 4, 2005 Minutes

(Revised 11/09/05)

Department of Health Services 1501 Capitol Avenue, Room 71.3003 Sacramento, CA 95814

Department of Health Services Participants:

Kevin Gorospe, Mike Namba, Mike Wofford, Pilar Williams, Katherine Ahrens, Stephen Berk, Greg Doe, Vicki Fu, Teresa Miller, Patrick Robinson, Lisa Ashton, Paul Pontrelli, Vic Walker, Chris Amaral, Diane Furukawa, Barry Handon, Lorreen Malone.

Minutes:

Topic	Discussion	Action Items
Call Meeting to Order and Roll Call -Kevin Gorospe	The meeting was called to order at 10:00 AM. Committee members present: Ross Miller, M.D. Wendy Ring, M.D. Adrian Wong, Pharm.D. Paul Drogichen, Pharm.D. Clifford Wang, M.D. Absent: Richard White, M.D. Bruce Uyeda, Pharm.D.	
Introduction of	MCDAC members provided a brief introduction and	
Members	background information.	
Overview of Medi-Cal Drug Review Process and Policies (Attachment 1) -Mike Namba	 The Medi-Cal Drug Review Process was discussed. Written documents describing the current process can be found on the Department of Health Services Web site: www.dhs.ca.gov under the Pharmacy Policy and Contracting Section. Attachment 1 is a proposed timeline and is built with a priority drug review in mind (120 days). Standard drug reviews can be done on an extended timeline of 270 days. These timelines are written into Pharmacy Policy and can be modified without changing statute. The documents on the Web site will be revised to reflect any process changes. MCDAC decisions will be advisory as it has been 	

	in the past. The final decision rests with the Department.	
Roles and Responsibilities of the MCDAC • Draft MCDAC Bylaws (Attachment 2) -Lisa Ashton	 The Draft MCDAC Bylaws were reviewed. The Bylaws are currently modeled after the DUR Board Bylaws. The document is a place to start discussions and can be revised to meet the ongoing needs of the MCDAC. Key Points: MCDAC is authorized pursuant to Welfare & Institutions Code, Section 14105.4. This is a correction from the document handed out. The recommendations of the MCDAC are advisory only but will be considered collectively with additional information provided by the Department. There is no limit on the number of committee members. The Director may replace or add a representative for specific expertise. Members will serve for a specific duration with members being appointed and vacating their position in a rotating manner. Meetings will be held in accordance to the Bagley-Keene Open Meetings Act of 2004. 	 Nominations for new officers should be forwarded to the department. Names will be distributed prior to the next meeting. Officers will be elected at the next MCDAC meeting.
Coordination of MCDAC with other Department of Health Services activities; including Drug Use Review, disease management, and Medicare Part DBarry Handon	o A Chair and Vice-Chair/Chair-Elect shall be elected bi-annually. Dr. Handon stated that the roles and responsibilities of the MCDAC as discussed are intended to enable even more robust and evidence-based drug reviews to be accomplished. These reviews will take into account the importance of the drug considered to the large M/C contingency of primary care practitioners, in terms of promoting appropriate understanding and use of the drugs. The work of MCDAC will better enable the DUR to do its UR function. In addition, the work of the committee will help to inform the various care management efforts of the Pharmacy section and DHS, which often include the development of evidence-based medication algorithms as a component. MCDAC membership will be supplemented as necessary to achieve the review of a drug or class of drugs requiring particular specialist input.	
Upcoming drug reviews -Mike Namba	There are 10-12 drug petitions for review in the next quarter. Three more therapeutic class reviews will be	

	completed before the end of 2005.	
Public and MCDAC member comments	 MCDAC comments: A request was made for a "historical" document to be created and posted on the Web site to provide some background and history of the MCDAC activities. Public comments: 1. The original intention of the MCDAC was to provide for public review of drug petitions that were denied or deleted. 2. Concern was raised by Mr. John Valencia, representing several pharmaceutical companies, that Medpin is partially funded by the drug industry. Medpin explained that its 2000-2003 "Drug Distribution Project" was funded from a trust that resulted as a settlement of a lawsuit against industry. A few drug companies have paid to be exhibitors at conferences produced or co-produced by Medpin. There is not direct funding of Medpin from industry. 3. Concern regarding the five criteria used for MCDAC's recommendations: elimination of the cost criteria from the other four requires justification. 4. Handling of confidential information by the MCDAC. 5. Need for public review of minutes before they are posted. 6. How will the manufacturers know where their drug review stands in the process? 	A document will be created and posted on the DHS web site providing background information previous MCDAC activities. The Department acknowledges the concerns voiced by industry and has asked the industry representative to submit their concerns in writing to the Department.
Closing	The mosting was adjourned at 11:30 AM	A list of potential meeting dates for the remainder of 2005 and all of 2006 will be distributed to Board members
Closing	The meeting was adjourned at 11:30 AM.	

Lisa Ashton, Pharm.D. Medi-Cal Pharmacy Policy Submitted by: